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Mar 04, 1999 8:00 am
Secretary of State

03-04-1999 90040 012 ***150.00

PROFIT CORPORATION
 ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katharine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # **F98000005120**

1. Corporation Name
SPRAGUE ENERGY CORP.



DO NOT WRITE IN THIS SPACE

Principal Place of Business
**195 HANOVER STREET
 PORTSMOUTH NH 03801**

Mailing Address
**195 HANOVER STREET
 PORTSMOUTH NH 03801**

3. Date Incorporated or Qualified
09/11/1998

4. FEI Number
02-0415440

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution **\$5.00** May Be Added to Fees

8. This corporation owes the current year Intangible Personal Property Tax. Yes No

2. Principal Place of Business

21 [] 22 [] 23 [] 24 []

2a. Mailing Address

26 [] 27 [] 28 [] 29 [] 30 []

25 [] 30 []

9. Name and Address of Current Registered Agent

**C T CORPORATION SYSTEM
 1200 SOUTH PINE ISLAND ROAD
 PLANTATION FL 33324**

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83 []

84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KANTELIS, JAMES M	1.2 NAME	
STREET ADDRESS	195 HANOVER STREET	1.3 STREET ADDRESS	
CITY-ST-ZIP	PORTSMOUTH NH 03801	1.4 CITY-ST-ZIP	
TITLE	VCFO <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HOEPPER, CHARLES T	2.2 NAME	
STREET ADDRESS	195 HANOVER STREET	2.3 STREET ADDRESS	
CITY-ST-ZIP	PORTSMOUTH NH 03801	2.4 CITY-ST-ZIP	
TITLE	AT <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BRICKETT, RONALD A	3.2 NAME	
STREET ADDRESS	195 HANOVER STREET	3.3 STREET ADDRESS	
CITY-ST-ZIP	PORTSMOUTH NH 03801	3.4 CITY-ST-ZIP	
TITLE	S <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GATES, SIGNE S	4.2 NAME	
STREET ADDRESS	300 ATLANTIC STREET	4.3 STREET ADDRESS	
CITY-ST-ZIP	STAMFORD CT 06901	4.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SMORADA, JOSEPH F	5.2 NAME	
STREET ADDRESS	300 ATLANTIC STREET	5.3 STREET ADDRESS	
CITY-ST-ZIP	STAMFORD CT 06901	5.4 CITY-ST-ZIP	
TITLE	C <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GRAF, PAUL E	6.2 NAME	
STREET ADDRESS	300 ATLANTIC STREET	6.3 STREET ADDRESS	
CITY-ST-ZIP	STAMFORD CT 06901	6.4 CITY-ST-ZIP	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _____ Date: **2/11/99** Daytime Phone #: **(603) 431-1000**

Charles T. Hoeppe
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
 CEO

CR2E034 (1/198)